



## Fax or Mail Application to:

### NETWORK MEMBER APPLICATION

NN/LM Middle Atlantic Region  
New York University  
Frederick L. Ehrman Medical Library  
550 First Avenue, New York, NY 10016  
Telephone: 800-338-7657 • Fax: 212-263-8196  
Visit us online at our website: <http://nnlm.gov/mar>

## NN/LM MAR Network Member Application

### 1. Membership Identification (*please print*)

#### Institution Information

Institution Name: \_\_\_\_\_

Library Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP+4: \_\_\_\_\_ County: \_\_\_\_\_

Institution phone#: \_\_\_\_\_ Main Library phone#: \_\_\_\_\_

Library's Web Site: <http://> \_\_\_\_\_

#### Reference Information

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### Interlibrary Loan Information

ILL Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

#### Contact Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### 2. Select Type of Library (*check most appropriate response*):

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Primary Healthcare               | <input type="checkbox"/> 3. Other Health non-profit Library |
| <input type="checkbox"/> 2. Academic Health Sciences Library | <input type="checkbox"/> 4. Health for-profit Library       |
| <input type="checkbox"/> 5. Other: _____                     |   |

### 3. List any Consortia and/or Library Groups of which your library is a member:

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

**4. Sign-Up for the NN/LM MAR Listserv (*optional*):**

1. Email: \_\_\_\_\_
2. Email: \_\_\_\_\_

**5. Resources in Support of Health Sciences Information Services:**

1. Number of professional staff (with graduate school degrees) in the library: \_\_\_\_\_
2. Number of non-professional library staff (full time and part time): \_\_\_\_\_
3. How many monograph (book) titles are in your collection? \_\_\_\_\_ Audiovisual titles? \_\_\_\_\_
4. How many individual journal titles do you currently receive by subscription or gift? \_\_\_\_\_
5. Are your journal holdings currently entered in OCLC's WorldCat? Yes \_\_\_\_\_ No \_\_\_\_\_
6. If yes, what is your OCLC CODE? \_\_\_\_\_
7. Is your library served by a circuit librarian? Yes \_\_\_\_\_ No \_\_\_\_\_
8. If yes, name and institution of circuit librarian: \_\_\_\_\_